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## \*BIBDATASHEET\*

CONFIRMATION NO. 6561

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/090,293	<b>FILING OR 371(c) DATE</b> 03/04/2002 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> MED-03	
<b>APPLICANTS</b> E. Marlowe Goble, Alta, WY; T. Wade Fallin, Hyde Park, UT; Robert W. Hoy, Logan, UT;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/273,031 03/02/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/04/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> WY	<b>SHEETS DRAWING</b> 53	<b>TOTAL CLAIMS</b> 64	<b>INDEPENDENT CLAIMS</b> 24
<b>ADDRESS</b> 44270					
<b>TITLE</b> METHOD AND APPARATUS FOR SPINE JOINT REPLACEMENT					
<b>FILING FEE RECEIVED</b> 2818	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		